

L 05000059315

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617 6383

From:
Account Name : INCORP SERVICES INC
Account Number : 1201200000007
Phone : (702) 866 2500
Fax Number : (702) 866-2689

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: wendy.hefley@incorp.com

LLC REGISTERED AGENT RESIGNATION
FIRST COAST PAIN MANAGEMENT, L.L.C.

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST COAST PAIN MANAGEMENT, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L05000059315

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Hefley

Name of Person

Incorp Services, Inc.

Name of Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

processing@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Incorp Services, Inc./Wendy Hefley at (702) 866-2500 ext 6904

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Incorp Services, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for FIRST COAST PAIN MANAGEMENT, L.L.C.

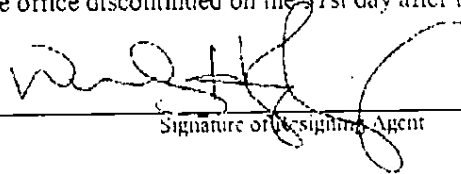
Name of Limited Liability Company

L05000059315

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Wendy Hefley for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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2020 APR 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA